

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023401

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2945

STATE FILE NUMBER

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

2 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

LAKE SIDE HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY

KANSAS CITY

OR TOWN

d. STREET ADDRESS

408 SOUTH JACKSON

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JOHN

Middle

F.

Last

SELIX

4. DATE OF DEATH

Month

JUNE

Day

1

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/2/90

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

BLACKSMITH

11. BIRTHPLACE (City and state or country)

OLEAN, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

SIMON SELIX

13b. MOTHER'S MAIDEN NAME

NANCY CHADWICK

14. NAME OF HUSBAND OR WIFE

GRACE SELIX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(Yes, no, or unknown) (If yes, give war or dates of service)

0-----

16. SOCIAL SECURITY NO.

17. INFORMANT

2202 1/2 LEXINGTON
MRS. STEVE JONES INDEPENDENCE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

24 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion

24 hr.

DUE TO (c)

Rheumatic Heart Disease

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

3:05 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

JUNE 2, 1962

1331 BRUSH CR.

RUSSELLVILLE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS KANSAS CITY, MO. 6-3-62

Ruth N Long

Dr. Charles H. H. H.
Room. 252. #3 East 39th Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Harold P. Rich

Licensed Embalmer No. 4998

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.